

DO/EO BIBLIOGRAPHIC DATA ENTRY

09/6 22593

SERIAL NUMBER: 09 / 622593 RECEIPT DATE: 08 / 21 / 00
IA NUMBER: PCT/ SE99 / 00198 IA FILING DATE: 02 / 16 / 99
FAMILY NAME: OLSSON DELAY WAIVED (Y/N): Y
GIVEN NAME: BO DEMAND RECEIVED (Y/N): Y
PRIORITY CLAIMED (Y/N): Y PRIORITY DATE: 02 / 19 / 98
NO BASIC FEE (Y/N): N US DESIGNATED ONLY (Y/N): N
ATTORNEY DOCKET NUMBER: 194667US2PCT COUNTRY:
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: 022850 TELEPHONE 7034133000
FAX 7034132220
NAME: OBLON SPIVAK MCCLELLAND MAIER & NUESTADT
FOURTH FLOOR
STREET: 1755 JEFFERSON DAVIS HIGHWAY
CITY: ARLINGTON
STATE/COUNTRY: VA ZIP: 22202
EMAIL:
APPLICATION TITLES:
PROCEDURE TO TRANSMIT INFORMATION AT TELEPHONE ANSWERING SERVICE

TAB TO LAST POSITION, PUSH SEND